ROUTING AND RECORD SHEET

SUBJECT: (Optional)
Review of "A Program for the Prevention and Treatment of Alcohol Abuse and Alcoholism"

DD/A Registry
File Medical

FROM:	EXTENSION	NO.
Director of Medical Services 1D-4061 Headquarters	[redacted]	DATE 29 MAR 1977

STATINTL

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
EO/DDA	31 MAR 1977			
1. Associate Deputy Director for Administration 7D-26 Headquarters	1 APR 1977			
2.				
3. [redacted] Chief, CMS Room 3C 43, Hqs				1 to 3: For your information.
4.				
5.				ADDA/MJMalanick:lm (1 Apr 77) Distribution: Orig RS - C/CMS w/atts 1 RS - DDA Subject w/atts 1 RS - DDA Chrono 1 RS - MJM Chrono
6.				
7.				Attachments: (1) DDA 77-1735, Memo for ADDA from D/OMS, dated 29 Mar 1977, Subject: Review of "A Program for the Prevention & Treatment of Alcohol Abuse & Alcoholism" (2) DDA 77-1708, Staff Study, "A Program for the Prevention & Treatment of Alcohol Abuse & Alcoholism" with covering Routing Sheet to DDA from C/CMS, dated 3 Feb 77.
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DD/A Registry
77-1735

29 MAR 1977

MEMORANDUM FOR: Associate Deputy Director for Administration

FROM : Charles A. Bohrer, M.D.
Director of Medical Services

SUBJECT : Review of "A Program for the Prevention and Treatment of Alcohol Abuse and Alcoholism"

1. A thorough review of this topic has been conducted by OMS and OP personnel who are currently responsible for this activity in the Agency. Included as a part of this review was an extensive briefing of OP and OMS personnel by Dr. Herbert Haynes, State Department psychiatrist who heads up the Department's Mental Health Program, and two of his associates, Mr. Edward Maguire and Mr. Hal Marley.

2. As a result of that review it is my opinion that no major changes need be made at this time in the Agency's program. I believe [redacted] C/SAS/OP, shares that view as well. STATINTL

The attached proposal is well written and has served a useful purpose in terms of OP and OMS re-evaluating responsibilities and functions in this important area. However, I see no need to create new positions or initiate major restructuring of the relationship between OP and OMS.

SIGNED
CHARLES A. BOHRER, M.D.

Charles A. Bohrer, M.D.

Attachment

cc: C/SAS/OP

TABLE OF CONTENTS

STATINTL

SUMMARY

This paper recommends the DCI create a more active alcoholism program for the prevention and treatment of alcohol abuse and alcoholism among employees. Recommended is counselling to assist alcoholics to enter treatment before they become unemployable, an active training program for supervisors, including procedures to follow to channel employees to counselling, and an educational program to alert employees to the dangers of alcoholism. It is in the best interests of the Agency to minimize its losses due to alcoholism which results in impaired work performance, reduced dependability and reflected discredit to the Agency. The Hughes Act of 1970 requires each federal agency to develop and implement an alcoholism program. The Agency's response to that law has been a modest and informal program. Although few alcoholics will voluntarily enter treatment without pressure, business and government experience has been that judicious employer pressure is highly successful in motivating alcoholics to enter recovery programs. Finally, this paper recommends the DCI designate an Alcoholism Program Coordinator to run the program, and back him up with a committee

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with Agency-wide representation to insure that supervisory procedures and confidentiality are followed - key elements in the success of any alcoholism program. Alcoholics tend to associate the Office of Personnel with disciplinary action. The Office of Medical Services may not be able to adequately advertise successes. It is recommended, therefore, that the Alcoholism Program Coordinator be assigned to the DCI area and that ~~it~~ he coordinates ~~its~~ his activities with the Office of Medical Services and Personnel.

Public Law 91-616, known as the Hughes Act, approved 31 December 1970, requires federal agencies to maintain a program for the prevention and treatment of alcohol abuse and alcoholism among employees. The STATINTL Agency, in regulation [redacted], recognizes alcoholism as a treatable disease. This paper recommends a more active program than now exists to assist employees who are afflicted with alcoholism to enter treatment before they become unemployable.

Alcoholism on the part of either an employee or one of his dependents is likely to impair the employee's contribution on the job. It is also quite possible that an untreated alcoholic will become less dependable on and off the job and even a security risk. As such, alcoholism poses a threat to the mission of the Agency as well as a serious and potentially fatal hazard to the employee. Over the past few years, there has been a growing national awareness of the pervasiveness of alcoholism throughout our society and its effect on productivity. Federal and private programs have multiplied and have had notable success in channeling alcoholics into treatment and returning them to sober, productive and serene lives.

Statistics suggest that the visible alcoholics represent only the tip of the iceberg. According to the National Council on Alcoholism, of the nation's 95 million drinkers, an estimated one out of ten are afflicted with alcoholism in one stage or another. The number of untreated alcoholics among the work force is estimated at 4.5 million workers. They are past masters at retaining their jobs by camouflaging the effects of their condition. Labor-management studies indicate that by the time the alcoholic's symptoms are obvious, it is on the average 14 to 16 years after the onset of the disease. By that time, the employer has a considerable investment in the employee.

The high price being paid by the employer is not generally appreciated by those who can best take action to help alleviate the situation -- top management. Yet, there is something that can be done by management to reduce losses incurred by alcoholism. This is because it is the rare case that does not show observable signs of alcoholism -- in the form of work deterioration and work pattern changes -- after only four or five years of alcoholic history. This has been substantiated by labor-management research. Compared to the norm, the average

ployee with alcoholism can be expected to:

* Be absent 16 times more often,
* Have 2.5 times more absences of 8 days or more,
* Be 3.6 times more accident-prone,
* File 5 times more compensation claims,
* Be subject to garnishing procedures 7 times more often,
* Function at 67 percent work potential,
* Cause repeated supervisory problems.

Research in both government and industry confirms that 5 percent of the labor force have job performance difficulties due to alcoholism. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), HEW, reports that an employer's losses from alcoholism can be calculated as 24.8 percent of the base salaries of the untreated alcoholics on the job. An organization, therefore, with an annual payroll of 200 million dollars, average salaries of $15,000 and a 5 percent rate of alcoholism would lose each year an estimated 2.5 million dollars in absenteeism and lost time, administrative costs, benefits paid, and the cost of replacing employees.

Alcoholism programs in industry and government to counter these losses are successful and pay for themselves.

A program which uses an employee's job to motivate him to seek help often works when nothing else will. Programs in offices and factories are achieving the highest recovery rates -- up to 65 to 70 percent. The pioneers in this movement are nationally known firms such as E.I. duPont, Allis-Chalmers, Eastman Kodak, and Consolidated Edison of New York. While there were only 35 leading companies with alcoholism programs in 1959, today over 300 major firms have taken constructive action to decrease the number of drinking alcoholics on their payrolls through treatment programs. Top management has found these advantages to the programs:

* Reductions in operating costs,
* Increased efficiency of operations,
* Retention of many valued employees otherwise lost to alcoholism.

The cost of operating an alcoholism program is minimal.

Industry has found it wisest to launch an alcoholism program before the problem requires drastic action. Sooner or later the alcohol problem presents itself, not as an abstract question, but in terms of a specific employee -- a serious blunder, a costly mistake or incident reflecting discredit on the organization. Many organizations have launched a program with

a policy statement designed to assure everyone that it is not a moral crusade or an attempt to reform drinking habits. Such a statement might suggest that it remains the decision of each individual to determine for himself to what extent he will use or not use alcoholic beverages. A useful policy adopted by employers with successful alcoholism programs is one which views alcoholism as a matter related solely to job performance and efficient operations. To that end, programs are designed to encourage employees with drinking problems to seek advice, counsel and assistance. The National Council on Alcoholism suggests that an organization issue a policy statement along the lines presented in the attachment.

Successful alcoholism programs in private industry and government hinge on the key role of the supervisor. He must be trained to spot symptoms and carefully coached in how to handle the suspect alcoholic employee. The supervisors must be trained to strictly follow procedures to channel the employee to the counsellor and to avoid moralizing, making a diagnosis on his own or "protecting" his employee. An organization-wide training program for supervisors, therefore, is the cornerstone of the program. Equally

important is the role of qualified alcoholism counsellors and a medical staff that is alert to alcoholsim symptoms and working in close cooperation with the counsellors. Because of the social stigma connected with the disease, and the not uncommon tendency of the alcoholic and his associates to ignore or hide its presence, front office support is essential to the success of an alcoholism program.

The Department of State's alcoholism program is operated by three recovered alcoholics, all career foreign service personnel. The program includes the training of supervisors to channel alcoholic employees to counselling. There is also an education program to alert employees and dependents to the dangers of alcoholism. The program coordinator works closely with the medical staff. The counselling effort is directed to encourage those involved in alcoholism to voluntarily enter treatment. In 1976, 150 employees entered recovery programs. Strict confidentiality is maintained. The cost of the program is minimal compared to the savings effected; State estimates it costs $30,000 to medically evacuate from overseas an employee and his dependents and to replace him. Details of State's program are provided in the attachment.

Outside treatment programs in the Washington area are fully adequate and it is not believed necessary or desirable to create an in-house treatment capability beyond the medical services which already exist. The Agency's hospitalization insurance policy adequately covers treatment for alcoholism. It will pay for in-patient treatment at any accredited hospital. The Agency's plan will also cover most of the cost of group therapy supervised by a psychiatrist. Independent counsellors from a variety of professional disciplines can be of assistance to alcoholics. These should be carefully assessed as to their track record before they are suggested to employees. Alcoholics Anonymous sponsors meetings for recovering alcoholics throughout the free world. An AA group meets in the Agency once a week during lunch hour.

The attachments hereto provide more detailed consideration of the problem of alcoholism, including a DRAFT Agency policy statement, identifying the problem drinker, the roles of the supervisor and the Medical Staff, and a description of the approach taken by the Department of State.

Where the Alcoholism Program resides is important to its success. It serves an Agency-wide need. Its essential function is to motivate the alcoholic to

volunteer for treatment. The biggest obstacle to overcome is the alcoholic's own attitudes: guilt, suspicion, fear, self-pity, denial and stubborn obstinacy. His confidence must be won.

An alcoholic is likely to associate the Personnel department with disciplinary action. In his eyes, it hires, promotes, demotes, and fires. He often views Personnel, therefore, as a threat to his interests, and not a place in which to place his trust.

It would appear that the Office of Medical Services could be an acceptable alternative. There may be reasons, however, against this. For one thing, it is difficult for OMS to advertise its successes, an important element of an alcoholism program. Secondly, practicing alcoholics tend to fear that an in-house medical unit reports to the boss. They are not always inclined to level with OMS or confide in it.

Once the Agency's reasonable but firm policy toward alcoholism is well publicized, however, the alcoholic is likely to trust top management more than any other individual or component. The alcoholic needs to be confronted - sympathetically - by authority. When top management offers him a clear choice - sink or swim - the alcoholic's game of denial is over, and he is most likely to choose voluntary treatment. It is suggested, therefore, that the alcoholism program be run out of the DCI area with delegated authority from the DCI, himself, similar to the Equal Employment Opportunity Program.

RECOMMENDATIONS

It is recommended:

1. That the DCI create a new alcoholism program to more actively work toward the prevention and treatment of alcohol abuse among Agency employees.
2. That the DCI designate an Alcoholism Coordinator and an Administrative Assistant to develop, install and run this program.
3. That, in recognition of the demonstrated need for front office support to any alcoholism program, and the key role of supervisory cooperation to the success of the program, a committee with Agency-wide representation be formed to be responsible for continued follow-up of the pre-treatment phase of the program. This is in accordance with the recommendations of the National Council on Alcoholism.
4. That the Alcoholism Program be assigned to the DCI area to assure confidentiality and maximum effectiveness.

DRAFT POLICY STATEMENT

The organization recognizes alcoholism as a disease that is treatable.

The purpose of this policy is to assure that any employees having this disease will receive the same careful consideration and offer of treatment that is presently extended to all of our employees having any other disease.

The social stigma often associated with this disease is unfortunate. It is expected that an organization-wide enlightened attitude and realistic acceptance of this disease will encourage employees to take advantage of the available treatment whenever needed.

The organization's concern with alcoholism is strictly limited to its effects on the employee's performance on the job. It is not concerned with social drinking. Whether an employee without alcoholism chooses to drink or not to drink socially is of concern only to the individual.

For the purpose of this policy, alcoholism is defined as a disease in which an employee's consumption of any alcoholic beverage definitely and

repeatedly interferes with his job performance or his health.

It will be the responsibility of all supervisors to implement this policy, and to follow the procedures assuring that no employee with alcoholism will have his job security or promotional opportunities jeopardized by his request for diagnosis and treatment.

It is recognized that supervisors do not have the professional qualifications to permit any judgment as to whether or not an employee has alcoholism, just as they are not qualified to diagnose any other disease. Necessary referral for diagnosis and treatment will be based strictly on unsatisfactory job performance, which results from an apparent medical or behavioral problem, regardless of its nature.

It will be the responsibility of the employee to comply with the referrals for diagnosis and to cooperate with prescribed therapy.

An employee's continued refusal to accept diagnosis and treatment, or continued failure to respond to treatment, will be handled in exactly the same way that similar refusals or treatment failures are handled for all other diseases, when the results of such refusals or failures continue to affect job performance.

It is expected that through this policy, employees who suspect that they may have an alcoholism problem, even in its early stages, will be encouraged to seek help and, when indicated, follow through with the prescribed treatment.

The confidential nature of the records of employees with alcoholism will be preserved in the same manner as all confidential records.

Implementation of this policy will not require, nor result in, any special regulations, privileges, or exemptions from the standard administrative practices applicable to job performance requirements.

Identifying the Problem Drinker: The control of problem drinking would be easier if its cause were known. Efforts could then focus on concrete steps for prevention. Research, however, has produced no such knowledge. Successful employee alcoholism programs, therefore, are not concerned with causes, leaving that to proper medical authorities. An effective program centers on those aspects of the illness which develop on the job and interfere with full and satisfactory performance. The isolated incidence of intoxication off the job rarely concerns the employer. He concerns himself with impaired job performance, misconduct or reflected discredit on the organization.

While social pressure rarely will motivate an alcoholic to seek help to solve his drinking problem, judicious pressure from an employer often can get the employee into treatment. Beyond the compulsion to drink, one of the prime motivations of the alcoholic can be fear of job loss. Often he will go to great lengths to hide or disguise his drinking habits to protect his job. This tendency could be heightened among security conscious Agency employees with drinking problems. Recovered alcoholics in the Agency confirm that fear of job loss and the lifting of security clearances were among the recurring anxieties experienced during their drinking days.

Nevertheless, declining work performance and disruption

of fellow employees are the most direct effects of alcoholism on an organization. For this reason, first line supervision is the logical point of program emphasis. The responsibility of supervisory personnel to identify the problem drinker requires no special expertise; nor does it permit supervisors to diagnose the medical problems of employees. It does require, however, the conscientious fulfillment of the supervisory role. Above all, the supervisor must not shield the problem drinker out of any misguided humanitarian feelings, as this may well delay the day when the employee will enter treatment. This can be a fatal delay. Supervisors need to learn how to fulfill their responsibilities concerning problem drinking.

What the supervisor should do:

1. The supervisor should make sure each of his/her employees is informed about - and understands - what is expected in terms of work performance and attendance.
2. The supervisor should be alert, through continuing observation, to changes in the work and behavioral patterns of employees under his/her supervision.
3. The supervisor should document all unacceptable behavior, attendance and job performance that fails to meet established standards.
4. The supervisor should discuss deteriorating work performance or attendance with the employee. It must be made clear that the organization is concerned with job performance. The employee should understand that unless performance improves, his/her job is in jeopardy.
5. The supervisor should be aware that alcoholism is an "illness of denial." The sicker individuals become, the more convinced they become that they don't have a problem - or at least not a problem they can't handle themselves. This leads to futile, frustrating "water wagon" and controlled

drinking attempts in the battle to have access to the drug - alcohol - which the individual considers necessary for his/her survival.

6. The supervisor should monitor an employee's work performance and intervene if work continues to deteriorate, referring the employee to the Office of Medical Services. In referring the employee, the supervisor should explain to the employee that he/she must decide whether or not to seek assistance. The supervisor should also emphasize that all aspects of the program are completely confidential.

What the supervisor should not do:

1. The supervisor should not play the role of amateur diagnostician. He/she is not necessarily qualified to judge whether an employee is an alcoholic. The supervisor must stick to job performance. He/she should not moralize!
2. The supervisor should not discuss whether or not an employee has a drinking problem or attempt to counsel him in this regard. He/she should not discuss drinking unless it occurs on the job.
3. The supervisor should not initiate adverse personnel action on a previously satisfactory employee without first offering help through the above procedures if there is any indication his/her poor performance is the result of emotionally based personal behavior problems.
4. The supervisor should not engage, based on the stigma of alcoholism, in misguided cover up activities regarding the problem employee.
5. The supervisor should not be misled by sympathy involving tactics, at which the alcoholic is an expert.

IT IS THE SUPERVISOR'S RESPONSIBILITY TO IMPLEMENT THESE PROCEDURES.

The Role of the Counsellor: Once the troubled employee has been referred to the counsellor, he is then in contact with someone who is familiar with the peculiarities of the illness and best able to motivate the alcoholic to enter treatment. One of the unique features of the disease is the difficulty alcoholics have in admitting their condition and recognizing their need for help. The alcoholic unconsciously sets up a denial or alibi system towards his drinking. Even in the most advanced stages of alcoholism the alcoholic frequently will blame his difficulties on factors other than drinking -- job pressures, creditors, a nagging wife, bad luck -- anything except his own drinking habits.

The simple principle which underlies successful employee alcoholism programs is the reward-penalty technique. The problem drinker is offered a reward, his job and a return to normal life, in return for his willingness to enter treatment. His refusal, or failure, to cooperate with the treatment program leads to a penalty: loss of job. A high percentage of alcoholics will choose the shelter of a rehabilitation program rather than face the alternative of disciplinary action. Such non-judgmental and sympathetic pressure from an employer usually proves more effective than the pleas of the employee's

family, church or friends. Judiciously used disciplinary action by an emotionally detached employer based solely on job performance is frequently successful in channeling the alcoholic into treatment.

A cooperative effort between the Medical Services Staff and a recovered alcoholic commonly plays a key role in the motivating process. Symptoms of alcoholism are not unique to that disease. Qualified diagnosticians, therefore, are the ones competent to assess them in some cases. Physical examinations and interviews may be given. These may include laboratory tests. If alcoholism is indicated, the employee is referred to the alcoholism coordinator who is a recovered alcoholic. Experience has proved no one is better able to motivate the alcoholic into voluntary treatment than an alcoholic who has recovered. He has been there before and is ready to point the way to the road to recovery and to lend a helping hand. Alcoholics Anonymous which operates on this principle now numbers over one million sober alcoholics. The recovered alcoholic is not indulgent -- he meets the alcoholic on his home grounds. He has intuitive understanding. He can't be fooled when it comes to drinking, alcoholic behavior and denial systems. He is living proof, furthermore, that the organization has a

non-discriminatory policy towards alcoholics who voluntarily enter treatment.

In some cases, medical authority may hospitalize the employee before the alcohol coordinator is introduced. That must be a medical decision. In that case, the recovered alcoholic enters the scene when the patient is capable of talking about his situation.

As treatment continues, it is important to recognize that occasionally slips do occur. Before any disciplinary action is taken, consideration should be given to the possibility of a temporary relapse as opposed to a failure to make an honest and willing effort. Such a determination can only be made after consultation with the medical authorities, counsellors and the program coordinator. The treatment program should be assessed. If disciplinary action is warranted, it should be taken only for unsatisfactory job performance or misconduct.

Department of State Program: The work situation of the Department of State closely resembles that of the Agency and its alcoholism program deserves a close look. It began after the passage of the Hughes Act in 1970. It has the full backing of management. The program is administered by a former officer who served abroad and who is a recovered alcoholic. His assistant is also a recovered alcoholic who is available to assist female employees who might relate to her experience. There is a contract employee, a former FSO, who travels to embassies abroad. He is a recovered alcoholic as well. Each embassy or foreign post has a "Collateral Duty Alcoholism Counsellor." Eventually, all of them will be recovered alcoholics.

State's alcoholism program works closely with the medical doctors. All of them have been trained in diagnosing alcoholism at the Navy's medical training program in Long Beach, California. State also recognizes the key role of the supervisor in initiating the steps necessary to get the problem drinker to voluntarily enter treatment. Two to three training sessions per week are held for supervisors. They are trained to avoid discussing drinking with troubled employees. Rather, they are to send them to the alcohol coordinator or the medics.

The Medical Staff examines the employee. His medical history is scrutinized for clues suggesting alcoholism. (In fact, State doctors are constantly alert for signs of alcoholism even during routine physicals.) A liver function test has been successful in surfacing employees' alcoholism when it was not otherwise apparent. Employees who may be alcoholics are referred to the alcoholism coordinator.

The head of State's alcoholism program has supplied the author of this paper with the following information:

a. As a result of the alcoholism program, 150 Department of State, AID and USIA employees voluntarily entered treatment for alcoholism in 1976. In the previous year, 75 entered treatment. The combined personnel base of these agencies is 25,000. He estimates that 6 percent of the employees are alcoholics in one state or another of the disease -- totalling 1500 untreated alcoholic employees. He considers this a conservative estimate.

b. While it takes on the average 10 to 14 years for an alcoholic to progress to an advanced stage of alcoholism, this time is sharply reduced for employees stationed abroad. Availability of

ILLEGIB

[redacted]

alcohol, life style and work pressures contribute to speeding up the progression of the disease. There is no indication, however, of any variation from the national norm for overall alcoholism at the Department of State.

c. The estimated cost of evacuating medically an alcoholic and his family and to replace him is $30,000.

d. State's training program consists of lectures and movies on alcoholism given to all supervisors and employees, at home and abroad. In the Washington area, each bureau or office is addressed annually by a male and a female recovered alcoholic and a medical doctor. Addresses are made at each foreign post to employees, dependents (including teenagers) and local hires.

e. State's alcoholism program is funded at $200,000 per year. Ninety-five percent of this sum represents salaries and travel. The balance is for films and printed material.

f. State emphasizes confidentiality in its program. As stated in the Foreign Affairs Manual, confidentiality is "crucial to the success of any prevention or treatment program which depends on

voluntary participation." In accordance with State Department regulations which are based on the Hughes Act, no record of alcoholism is ever entered in an employee's personnel records. The personnel section of the Department, which alcoholics typically associate with disciplinary action and punishment, has nothing to do with the alcoholism program. Alcoholism is a disease and treated as such.

g. State's policy is to consider allowing a recovering alcoholic to serve abroad usually after a full year's sobriety plus sincere and continued participation in a treatment program. Recently, on an experimental basis, State has returned an alcoholic to his overseas post after a brief rehabilitation program on the condition he continue in treatment overseas. State allows alcoholics to serve only at posts where continuing treatment is available. Overseas assignments for alcoholics must be approved by State's Office of Medical Services in consultation with the Alcoholism Coordinator.

REVISED REGULATION [redacted] STATINTL

[redacted] STATINTL

PROGRAM FOR THE PREVENTION AND TREATMENT OF ALCOHOLISM

a. GENERAL

(1) Public Law 91-616, approved 31 December 1970, requires Federal agencies to develop programs for the prevention and treatment of alcoholism and alcohol abuse among their employees.

(2) As an employer, the Agency is concerned with the accomplishment of its mission and the need to maintain employee productivity. The use of alcoholic beverages by employees becomes of concern to the Agency when it results in job-related problems. Alcohol abuse problems exist when the use of alcohol interferes with the performance of the employee's official duties, reduces his or her dependability or reflects discredit on the Agency. The special security requirements of the Central Intelligence Agency make it imperative that employees be alert to the problems of alcoholism, and that management take effective action to resolve those problems.

b. DEFINITIONS

(1) Alcoholism. A chronic disease characterized by repeated excessive drinking that interferes with the individual's health, interpersonal relations, or economic functioning. If untreated, alcoholism will become more severe and even be fatal. It may take several years to reach the chronic phase.

(2) Alcoholic. An individual who has the disease of alcoholism. His or her drinking is out of control and is self-destructive in many ways. The term "recovered alcoholic" describes the person who has undergone rehabilitation and whose disease has been arrested.

(3) Problem Drinker. To Agency management, a problem drinker is any employee whose use of alcohol affects his or her work adversely.

c. POLICY

(1) The Agency recognizes that alcoholism is a treatable disease.

(2) An alcohol problem is manifested as such when an employee's job performance or behavior is affected as a consequence of alcohol abuse. The Agency is not concerned with an employee's use of alcohol except as it may affect his or her job performance

or behavior, or the efficiency of the service.

(3) It is the policy of the Central Intelligence Agency to encourage and assist employees with the disease of alcoholism to voluntarily enter treatment. In administering this policy, the Agency shall comply with the applicable provisions of Public Law 91-616, approved 31 December 1970, and the applicable regulations which pertain thereto, but shall have due regard for the statutory responsibilities of the Director of Central Intelligence as set forth in the National Security Act of 1949, as amended. The Agency will maintain a program for the prevention and treatment of alcoholism. This shall be a positive, continuing program to maintain employee job performance at expected standards, to carry out the special security requirements of the Agency, and to benefit the health and morale of employees. The alcoholism program will educate employees to the dangers of alcoholism and channel alcohol-troubled employees to counselling - to encourage them to voluntarily enter treatment and recovery programs. The program will be operated under the principle of

confidentiality and will assure that employees who enter such treatment will not become disadvantaged as to promotion possibilities or assignments, in accordance with the requirements placed upon the Agency by law, executive order and regulation. The program will be coordinated by an officer designated by the Director and will report directly to him. Its implementation will be assisted by a Management Committee on Alcoholism which will have Agency-wide representation and whose primary function will be to assure supervisory procedures are adhered to by all Directorates.

(4) An employee with an alcohol abuse problem will receive the same consideration and assistance that is extended within the Agency's official capabilities for any other disease or health problem as long as the employee is willing to recognize that he or she has a problem and is willing to cooperate in a program for rehabilitation and meets minimum job performance standards.

(5) Employees who suspect they may have a drinking problem, even in the early stages, are expected and encouraged to seek counselling and information

from the Alcoholism Program Coordinator. Counselling of employees with drinking problems will be kept confidential; no entries concerning this subject will appear in the employee's personnel records.

(6) Sick leave will be granted for treatment or rehabilitation as in any other disease or health problem.

d. RESPONSIBILITIES

(1) The Director of Central Intelligence takes a personal interest in establishing, maintaining and carrying out the Agency's program for the prevention and treatment of alcoholism. He has designated an Alcoholism Program Coordinator who reports directly to him on all matters relating to problem drinking. This Coordinator has been delegated the necessary authority to coordinate the Agency's alcoholism program throughout the Agency and to work with all components for its implementation. The Director has further appointed a Management Committee on Alcoholism with Agency-wide representation. This committee will assure that the alcoholism program is implemented by components

and supervisors of the Agency at all levels.

(2) The Management Committee on Alcoholism will assure that the Agency's alcoholism policies and procedures are carried out. Members are appointed by the Director. The Alcoholism Program Coordinator will serve as the committee's Executive Secretary.

(3) Employees should conduct their personal lives in such a manner that the use of alcohol does not in any way affect the performance of official duties or reflect discredit on the Agency. Employees who suspect they may have a drinking problem are expected to seek help in bringing it under control, and may consult directly with the Alcoholism Program Coordinator on a confidential basis.

(4) Supervisors have the right to expect acceptable levels of job performance and behavior from their employees. Moreover, supervisors have both the right and the duty to confront an employee who is deficient in performance or behavior and to provide that employee an opportunity to correct the deficiency. Supervisors will receive training under the Agency's

alcoholism program. This training will assist them to recognize emotionally based personal behavior problems and deteriorating job performance which may be caused by a drinking problem. Such behavior and deteriorating job performance will be discussed with the employee who is to be made aware that if performance or behavior falls below a minimum standard his or her job will be in jeopardy. Supervisors are not to moralize or attempt diagnosis, but are to document unacceptable behavior, attendance and job performance. If, after discussing the matter with the employee, his or her performance or behavior does not improve or continues to deteriorate, the supervisor will consult with the Alcoholism Program Coordinator. Early action by the supervisor generally will be most helpful to the employee in making a correction. When a drinking problem is an underlying factor in poor performance, timely action also may lead to early, even lifesaving, identification and treatment. Supervisors shall not "shield" an employee out of misguided sympathy. Such misplaced humanitarianism could well result in unnecessarily

prolonged and eventually fatal self-destructive behavior.

(5) The Alcoholism Program Coordinator shall be responsible for the development, installation and coordination of the Agency's alcoholism program. He will report directly to the Director. He will serve on the Management Committee on Alcoholism in the capacity of Executive Secretary.

(6) The Director of Medical Services shall provide consultative, diagnostic, and counselling assistance to management and employees. He shall make referrals to the Alcoholism Program Coordinator. He shall provide assistance to the Alcoholism Program Coordinator as may be required.

(7) The Director of Personnel shall consult with and advise supervisors with regard to the appropriate disciplinary action applicable when employees' job performance and behavior falls below acceptable standards. He shall assure that disciplinary action is based on unacceptable job performance and/or behavior.

d. FUNCTIONS

The Alcoholism Program Coordinator shall perform the following functions:

(1) Develop, install and coordinate an Agency-wide program and procedures to encourage employees with drinking problems to voluntarily enter treatment before they become unemployable.

(2) Train supervisors to: a) be alert to symptomatic changes in job performance and behavior; b) document deteriorating performance and behavior; c) effectively deal with employees who may have drinking problems; d) avoid moralizing or diagnosing the problem; e) not "shield" or "protect" the employee with a drinking problem; and f) following established procedures, consult with the Alcoholism Program Coordinator and refer employees to him as directed.

(3) Conduct an education program to alert employees to the dangers of alcoholism and their responsibilities related thereto under Agency policy and regulations.

(4) Provide counselling on a confidential basis to employees to encourage them to voluntary disclosure of alcoholism where applicable and to

assist them to enter treatment. Provide on-going counselling and assistance to the recovering alcoholic to aid him in improving his job performance.

(5) Maintain liaison with the Civil Service Commission, the Department of Health, Education and Welfare and other community programs for the prevention and treatment of alcoholism. Prepare reports as required by law and regulations.

(6) Provide guidance and counsel to management and supervisors on matters related to alcoholism.

(7) Evaluate the Agency's alcoholism program and report to the Director with recommendations for any improvement or correction needed.

e. INFORMING EMPLOYEES

Annually and at such other times as directed, the Alcoholism Program Coordinator shall bring this regulation to the attention of all employees of the Agency. The Director of Personnel will ensure that all employees are made aware of the provisions of this regulation as part of their entrance-on-duty processing.

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

UNCLASSIFIED | CONFIDENTIAL | SECRET

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	Mr. Malone		
2			
3			
4			
5			
6			

	ACTION		DIRECT REPLY		PREPARE REPLY
	APPROVAL		DISPATCH		RECOMMENDATION
	COMMENT		FILE		RETURN
	CONCURRENCE		INFORMATION		SIGNATURE

ILLEGIB

[redacted]

FROM: NAME, ADDRESS AND PHONE NO.	DATE
	2 MAR 1977

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FORM NO. 237 1-67 Use previous editions

☆USGPO: 1976 — 202-953 (40)

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:	EXTENSION	NO.
AC/CM/PE GG 10 Hqs. PB	[redacted]	DDA 77-1078
		DATE 3 February 1977 STATINTL

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS
1. C/CMS 3 C 43 Hqs.	2/28	2/28	
2.			
3. DDA 7D26			
4.			
5.			
6. d/CMS -			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

STATINTL

You will find attached a reasonably well-organized "staff study" by [redacted] on the subject I have previously discussed with you. The paper which he developed in draft several weeks ago was given by him to Dr. STATINTL [redacted], who provided informal comments which Jim has incorporated into the attached finished piece. [redacted] has suggested that OMS would not want responsibility for such a program and I doubt if Dr. Bohrer would want to take it on unless instructed to do so. STATINTL

Jim informed me on 1 February that Mr. Knoche's secretary (as a follow-up to Jim's visit with Mr. Bush in December) said that Jim should now talk with Jack Blake; whenever Jim had his paper ready, the idea is that Knoche's secretary would arrange the appointment with Blake, according to Jim. Because I believe that Jim would make a sound contribution in an alcoholism office if it were set up, I think we should give him the blessing to go ahead and talk to Blake, who could then solicit views from within the DDA. Hope you will agree.

[redacted]

STATINTL